FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instructio	ns)			Office use only	
NAME OF COMMITTEE (in the second	rull)	(Check if name is changed)	Example: If typyir over the lines	ng, type	2FE4M5	1 1	
NATIONAL SC L. (AKIA NSITAIPA	HOOL TRANSPO	PRTATION ASSO	CIATION POLITIC	CAL ACTION	СОММІТТЕ	<u> </u>	
ADDRESS (number and s	treet)	SOUTH WEST S	TREET	1111	1111		
FOURTH FLOOR (Check if address							
is changed)		XANDRIA		ا لب	YA]	22314 -	
			CITY	Sī	TATE.	ZIP CODE 📥	
COMMITTEE'S E-MAI	L ADDRESS eber@bksh.com					1	
·							
COMMITTEE'S WEB	PAGE ADDRESS (L	JRL)					
	11111	11111	<u> </u>	1 1 1 1 1	1111		
COMMITTEE'S FAX N 7036843212 1 1 1 2 2. DATE M M M 0 7							
3. FEC IDENTIFICA	TION NUMBER	[C C00179275				
4. IS THIS STATEM	ENT X NEV	V (N) OR	AMEN	DED (A)			
I certify that I have examin	ned this Statement and	d to the best of my kno	wledge and belief it is tr	ue, correct and co	omplete		
Type or Print Name of	Treasurer	Mr. John D. Corr	, Jr.				
Signature of Treasurer	Electronically File	ed by Mr. John	D. Corr, Jr.	Da	te 0 ,7 ^M	19 / 2007	
NOTE: Submission of fal			/ subject the person sig	ū	·	· ·	
Office Use Only			I		act:	FEC FORM 1 (Revised 02/2003)	

	FEC For i	m 1 (Revised 02/2003)	Page 2
5.	TYPE OF CO	OMMITTEE (Check One)	
	(a) (b)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	te the candidate
	Name of Candidate	information below.)	
	Candidate Party Affiliatio	Office Sought: House Senate Presiden	State t District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) X	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee.	gated fund or party
ŝ.	Name of Any	y Connected Organization or Affiliated Committee	
L			
L			
	Mailing Addre	ess Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conn	nected Organization:	
	Corp	oration Corporation w/o Capital Stock Labor Or	ganization
	Mem	nbership Organization Trade Association Cooperat	ive

Write or Type Committee Name

NATIONAL S	SCHOOL	TRANSPORTATION	ASSOCIATION	POLITICAL	ACTION CO	MMITTEE (AKA I	NSTAP-
VC)						,	•	

7.		Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.							
	Full Name Mrs. Ronna Sable Weber								
	Mailing Address	1101 Vermont Avenue, NW	1101 Vermont Avenue, NW						
		Suite 1000							
		Washington		20005					
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE A					
	Senior A		Z02 Felephone number						
8.		e and address (phone number optional) of ny designated agent (e.g., assistant treasurer)		ttee; and the					
	Full Name of Treasurer Mr. J	ohn D. Corr, Jr.							
	Mailing Address	56 West Church Street							
		Spring Valley	NY	10977					
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲					
	Presiden	nt	Felephone number 800	343 5363					
	Full Name of Designated Agent Kevir	n Clifford							
	Mailing Address	1359 New York Avenue							
		Huntington Station	NY	11746					
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A					

	FEC Form 1 (Revised 02	2/2003)	Page 4	
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. 				
	Name of Bank, Depository, etc.			
	Bank of	f America		
	Mailing Address	9280 Old Keene Mill Road		
		Burke VA 220	15	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷